

ISSUE SLIP ST. APPEAL (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	64861	6/22
O.I.P.E. CLASSIFIER		79	6/28/99
FORMALITY REVIEW		49652	7-8-99
			09/23/99

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- ± ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	N		
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20	N		
21	✓	✓	
22	✓	✓	
23	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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